



**PROMOTER LICENSE
APPLICATION**
ATHLETIC COMMISSION
SFN 11700 (06-2007)

FOR OFFICE USE ONLY

System ID

Work Order

Approved By

FEE \$100.00

Athletic Advisory Board
Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Telephone 701-328-3665
Fax 701-328-1690

In compliance with the Federal Privacy Act of 1974, the disclosure of a social security number on this form is voluntary. Under state law, this number cannot be disclosed to the public. However, if the number is voluntarily provided, it does assist the Secretary of State's office in maintaining accurate records. The application will not be rejected if the number is not provided.

Business Name of Applicant	Federal ID Number	Telephone Number	
Street Address of Business	City	State	Zip Code
Business Type <input type="checkbox"/> Single Ownership-Complete A Below <input type="checkbox"/> Partnership-Complete B Below <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability		Business Federal ID Number	
A. Name of Owner	Social Security Number	Telephone Number	
Mailing Address	City	State	Zip Code
B. Name of Partner	Social Security Number	Telephone Number	
Mailing Address	City	State	Zip Code
Name of Partner	Social Security Number	Telephone Number	
Mailing Address	City	State	Zip Code

The above named applicant hereby agrees to accept the North Dakota Athletic Commission rules when promoting or conducting boxing, kickboxing or sparring exhibitions in North Dakota.

Applicant Signature

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____.

(Notary Seal)

Notary Public